

## REQUEST FOR PATENT FEE REFUND

1 Date of Request: \_\_\_\_\_

2 Serial/Patent # 10/520004

3 Please refund the following fee(s):

4 PAPER  
NUMBER5 DATE  
FILED

6 AMOUNT

<input checked="" type="checkbox"/>	Filing	1	12/29/04	\$ 100
<input type="checkbox"/>	Amendment			\$
<input type="checkbox"/>	Extension of Time			\$
<input type="checkbox"/>	Notice of Appeal/Appeal			\$
<input type="checkbox"/>	Petition			\$
<input type="checkbox"/>	Issue			\$
<input type="checkbox"/>	Cert of Correction/Terminal Disc.			\$
<input type="checkbox"/>	Maintenance			\$
<input type="checkbox"/>	Assignment			\$
<input type="checkbox"/>	Other			\$

7 TOTAL AMOUNT  
OF REFUND

\$ 100

8 TO BE REFUNDED BY:

☐ Treasury Check☒ Credit Deposit A/C #:9 

0	3	--	2	4	1	2
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10 REASON:

☒ Overpayment☐ Duplicate Payment☐ No Fee Due (Explanation): \_\_\_\_\_

11 REFUND REQUESTED BY:

TYPED/PRINTED NAME: A JohnsonTITLE: paralegalSIGNATURE: A JohnsonPHONE: 308-9948OFFICE: PCT\*\*\*\*\*  
THIS SPACE RESERVED FOR FINANCE USE ONLY:

APPROVED: \_\_\_\_\_

DATE: \_\_\_\_\_

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance  
Refund Branch  
Crystal Park One, Room 802B